

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Campaign of Compassion, Barbara D.		
Street Address		7327 Finance St.		
City	Pittsburgh	State	P.A.	Zip Code
15208-1931				

Type of Report (Place x under report type)								
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/05/2019		Year	2019		Amendment Report	<input type="checkbox"/>
							Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	
	5/15/2019	10/29/2019	
A. Amount Brought Forward From Last Report		\$	0.00
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	372.00
C. Total Funds Available (Sum of Lines A and B)		\$	372.00
D. Total Expenditures (From Schedule III)		\$	261.51
E. Ending Cash Balance (Subtract Line D from Line C)		\$	110.49
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0.00
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0.00

RECEIVED

NOV 1 2019

ETHICS HEARING BOARD

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

<p>6 day of November 20 19</p> <p><i>Melissa C Lewis</i></p> <p>Signature</p>		<p><i>Nycole M Daniels</i></p> <p>Signature of Person Submitting report</p> <p>Nycole M Daniels</p> <p>Printed Name</p>
<p>My Commission expires 12 11 19</p> <p>MO. DAY YR.</p>		<p>734</p> <p>Area Code</p> <p>546-1916</p> <p>Daytime Telephone Number</p>

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO 320) as amended.

Sworn to and subscribed before me this

<p>6 day of November 20 19</p> <p><i>Melissa C Lewis</i></p> <p>Signature</p>		<p><i>Barbara Daniels</i></p> <p>Signature of Candidate</p> <p>BARBARA DANIELS</p> <p>Printed Name</p>
<p>My Commission expires 12 11 19</p> <p>MO. DAY YR.</p>		<p>412</p> <p>Area Code</p> <p>241-2382</p> <p>Daytime Telephone Number</p>

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
 MELISSA C LEWIS
 Notary Public
 CITY OF PITTSBURGH, ALLEGHENY COUNTY
 My Commission Expires Dec 11, 2019

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	297.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)		\$	75.00
Total for the reporting period	(2)	\$	75.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	0.00
Total for the reporting period	(3)	\$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	372.00

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
KILARA BRAWN					75.00
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0.00

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0.00
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**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid		Uista Print		Date [MM/DD/YYYY]	\$	155.51
House #	Street Address		Description of Expenditure			
City	State	Zip Code	Signs, Posters, Fliers			
To Whom Paid		Staples		Date [MM/DD/YYYY]	\$	106.00
House #	Street Address		Description of Expenditure			
City	Pittsburgh	State	PA	Zip Code	Prints	
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure			
City	State	Zip Code				
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure			
City	State	Zip Code				
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure			
City	State	Zip Code				
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure			
City	State	Zip Code				
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure			
City	State	Zip Code				
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure			
City	State	Zip Code				